#### PATENT APPLICATION

I hereby certify that documents referred to as enclosed herein are being deposited with the United States Postal Service on this date, January 30, 2004, in an envelope as "Express Mail Post Office to Addressee" Mailing Label No. EV402863693US addressed to the: Mail Stop: Patent Applications, P.O. Box 1450, Commissioner for Patents, Alexandria,

January 30, 2004 (Date Signed)

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Palatin Technologies, Inc.

Inventors:

Shubh D. Sharma, Yi-Qun Shi,

Ramesh Rajpurohit, Margarita Bastos

And Hui-Zhi Cai

U.S. Serial No.:

Filed:

January 30, 2004

For: KNOCKOUT IDENTIFICATION OF TARGET

-SPECIFIC SITES IN PEPTIDES

#### ASSOCIATE POWER OF ATTORNEY

Mail Stop: Patent Applications Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

Dear Sir:

Stephen A. Slusher, a principal attorney in the above-identified application for Letters Patent, hereby appoints:

> Deborah A. Peacock, Reg. No. 31,964 Jeffrey D. Myers, Reg. No. 35,964 Paul Adams, Reg. No. 21,096 Rod D. Baker, Reg. No. 35,434 and Vital A. Oaxaca, Reg. No. 44,267

as associate attorneys with full power.

Respectfully submitted,

Dated: January 30, 2004

Stephen A. Slusher, Reg. No. 43,924

Direct line: \(\)505\) 998-6130

Attorney for Applicant(s) PEACOCK, MYERS & ADAMS, P.C.

P.O. Box 26927

Albuquerque, New Mexico 87125-6927

Telephone: (505) 998-1500 Facsimile: (505) 243-2542 Customer No. 005179

[G:\Mike\PATENT\Palatin-Rhomed\Knockout Sites\AssocPOA.doc] 70025-9902

| Please type a plus sign (+) inside this bo | $\cdot \rightarrow [$ | + |
|--|-----------------------|---|
|--|-----------------------|---|

**DECLARATION FOR UTILITY OR** 

PTO/SB/01 (10-00)

70025-US04-129

SHARMA, Shubh D.

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

First Named Inventor

| DESIGN   |                             |  |  |  |
|--|-----------------------------|--|--|--|
| PATENT APPLICATION   | COMPL                       | TE IF KNOWN  |  |  |
| (37 CFR 1.63)  | Application Number          | /  |  |  |
|  | Filing Date                 | January 30, 2004   |  |  |
| <ul> <li>☑ Declaration</li> <li>☐ Declaration</li> <li>☐ Submitted OR</li> <li>☐ Submitted after Initial</li> <li>☐ Filing (surcharge)</li> </ul>  | Group Art Unit              |  |  |  |
| with Initial Filing (surcharge (37 CFR 1.16 (e)) required)   | Examiner Name               |  |  |  |
|  |                             |  |  |  |
| As a below named inventor, I hereby declare that:  |                             |  |  |  |
| My residence, mailing address, and citizenship are as stated be  | elow next to my name.       |  |  |  |
| I believe I am the original, first and sole inventor (if only one na<br>names are listed below) of the subject matter which is claimed   | me is listed below) or an o | riginal, first and joint inventor (if plural cought on the invention entitled: |  |  |
| KNOCKOUT IDENTIFICATION OF   |                             |  |  |  |
| i e  | EPTIDES                     |  |  |  |
|  | f the Invention)            |  |  |  |
| the specification of which   |                             |  |  |  |
| is attached hereto OR  | as United States A          | pplication Number or PCT International   |  |  |
| was filed on (MM/DD/YYYY)  | as Officed States A         | •  |  |  |
| A selection Alexander  |                             | (if applicable).   |  |  |
| and was afficient  | ded on (MM/DD/YYYY) L       |  |  |  |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.   |                             |  |  |  |
| I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.  |                             |  |  |  |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed. |                             |  |  |  |
| Prior Foreign Application Fo   | oreign Filing Date Pr       | iority Certified Copy Attached?  |  |  |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

(MM/DD/YYYY)

**Not Claimed** 

Thereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Filing Date (MM/DD/YYYY) Application Number(s)

Country

U.S. 60/444,129

**Prior Foreign Application** 

Number(s)

01/31/2003

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

YES

NO

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

#### **DECLARATION** — Utility or Design Patent Application Customer Number 05179 Direct all correspondence to: OR L. Correspondence address below or Bar Code Label Stephen A. Slusher Name PEACOCK, MYERS & ADAMS, P.C. Address P.O. Box 26927 Address 87125-6927 **New Mexico** Albuquerque City (505) 243-2542 (505) 998-1500 USA Telephone Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the willful false statements may jeopardize the validity of the application or any patent issued thereon. ☐ A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: **Family Name** Given Name Sharma or Surname (first and middle [if any]) Jan 29, 2004 Inventor's Signature USA Cranbury Citizenship State Country Residence: City 6 Petty Road Mailing Address **Mailing Address** New Jersey ซร 08512 Country Cranbury City State ☐ A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: Shi **Family Name** Yi-Qun Given Name or Surname (first and middle [if any]) Jan, 291, 2004 Inventor's Signature USA New East Brunswick Citizenship Country Statersey Residence: City 18 Aldrich Street **Mailing Address Mailing Address** បន 08816 East Brunswick New Jersey Country State City

Additional inventors are being named on the \_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

PTO/SB/02A (3-97)
sign (\*) inside this box 

+ Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

#### **DECLARATION**

# ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>J</u> of <u>J</u>

| بالمراجع والمناسبين المناب |   |       |    |             |                 |        |              |            |           |        | <del></del> |
|----------------------------|---|-------|----|-------------|-----------------|--------|--------------|------------|-----------|--------|-------------|
| Name of Addition           | Name of Additional Joint Inventor, if any:      |       |    |             |                 | entor  |              |            |           |        |             |
| Given Nar                  | ne (first and middle (if any))                  |       |    |             |                 |        | Family Nan   | ne or Su   | ımame     |        |             |
| Margarita                  |   |       |    | В           | astos           | ;      |              |            |           |        |             |
| Inventor's<br>Signature    | Marganti B                                      | heate | 1  |             |                 |        |              |            | Date      | 1      | 127/04      |
| Residence: City            | Plainsboro                                      | State | ŊĴ |             | Country         | 1      | USA          |            | Citizensh | ip     | US          |
| Post Office Address        | ost Office Address 8 Clydesdale Court           |       |    |             |                 |        |              |            |           |        |             |
| Post Office Address        |   | .,    |    | <del></del> | <del> , ,</del> |        |              |            | ,         |        |             |
| City                       | Plainsboro                                      | State | NJ |             | ZIP             | 08     | 536          | Country    | US        | A      |             |
| Name of Addition           | nal Joint Inventor, if an                       | y:    |    |             | A petiti        | ion ha | as been file | d for this | unsign    | ed inv | entor       |
| Given Na                   | me (first and middle [if any]                   |       |    |             |                 |        | Family Nar   | ne or Su   | ımame     |        |             |
| Ramesh                     |   |       |    |             | Raj             | pur    | ohit         |            |           |        |             |
| Inventor's<br>Signature    | Ex B  | ph    |    |             | ~               |        |              |            | Dat       | e      | Jan 27,     |
| Residence: City            | Hillsboro State NJ                              |       |    | Country     | usa             |        | Citizen      | ship       | IN        |        |             |
| Post Office Address        | 54 Norstrand Road                               | J     |    |             |                 |        |              |            |           |        |             |
| Post Office Address        |   |       |    |             |                 |        | <u></u>      |            |           |        |             |
| City                       | Hillsboro                                       | State | NJ |             | ZIP             | 0      | 8844         | Count      | гу        | USA    | 4           |
| Name of Addition           | nal Joint Inventor, if an                       | y:    |    |             | A petit         | ion h  | as been file | d for this | s unsign  | ed inv | entor       |
| Given Na                   | me (first and middle [if any]                   | )     |    |             |                 |        | Family Na    | me or S    | urname    |        |             |
| Hui-Zhi                    | 6   |       |    | C           | ai              |        |              |            |           |        | ···         |
| Inventor's<br>Signature    | Date 1/   |       |    | 1/29/1      |                 |        |              |            |           |        |             |
| Residence: City            | East Brunswick State NJ Country USA Citizenship |       |    | CN          |                 |        |              |            |           |        |             |
| Post Office Address        | e Address 14 Appletree Lane                     |       |    |             |                 |        |              |            |           |        |             |
| Post Office Address        |   |       |    |             | · · · · ·       |        |              |            |           |        |             |
| Спу                        | East Brunswick                                  | State | NJ |             | ZIF             | ,      | 08816        | C          | ountry    | US     | SA          |

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents Washington, DC 20231

| Please type a plus sign (+) inside this | s box | + |
|---|-------|---|

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Linder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

| Application Number     |                                    |
|------------------------|------------------------------------|
| Filing Date            | January 30, 2004                   |
| First Named Inventor   | SHARMA, Shubh D.                   |
| Title                  | Knockout Identification of Target- |
| Group Art Unit         | Specific Sites in Peptides         |
| Examiner Name          |                                    |
| Attorney Docket Number | 70025-US04-129                     |

| I hereby appoir                         | nt:  |  |  |  |  |
|---|--|--|--|--|--|
| OR                                      | ers at Customer Number ().5179 er(s) named below:  | Place Customer Number Bar Code Label here                |  |  |  |
|   | Name   | Registration Number                                      |  |  |  |
|   | TABATIS  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| as my/our attorn<br>business in the U   | ey(s) or agent(s) to prosecute the application in<br>United States Patent and Trademark Office con | dentified above, and to transact all nected therewith.   |  |  |  |
| Please change the                       | ne correspondence address for the above-iden   | tified application to:                                   |  |  |  |
|   | mentioned Customer Number.   | The contract   |  |  |  |
| OR                                      | . O  | Place Customer Number Bar Code                           |  |  |  |
| Practitioners  OR                       | s at Customer Number   | Label here   |  |  |  |
| C Girm or                               | Charles A. Charles   |  |  |  |  |
| Individual Na                           |  |  |  |  |  |
| Address                                 | PEACOCK, MYERS & ADAMS, P.C.   |  |  |  |  |
| Address                                 | P.O. Box 26927   | N. 142-122 7: 107405 0007                                |  |  |  |
| City                                    | Albuquerque  | State New Mexico   Zip   87125-6927                      |  |  |  |
| Country                                 | USA  | Fax (505) 243-2542                                       |  |  |  |
| Telephone                               | (505) 998-1500   | Fax   (505) 243-2542                                     |  |  |  |
| I am the:                               |  |  |  |  |  |
| Applican                                | t/Inventor.  |  |  |  |  |
| Assigned<br>Stateme                     | e of record of the entire interest. See 37 CFR 3<br>nt under 37 CFR 3.73(b) is enclosed. (Form P   | 1.71.<br>TO(SB/96).                                      |  |  |  |
|   | SIGNATURE of Applicant or Assign   | nee of Record  |  |  |  |
|   | Shubh D. Sharma  |  |  |  |  |
| Name                                    | Signature Stuff Strains  |  |  |  |  |
| Signature                               | Oly Maria  |  |  |  |  |
| Date Date Date Date Date Date Date Date |  |  |  |  |  |
| NOTE: Signatures of all                 | I the inventors or assignees of record of the entire interes<br>signature is required, see below*. | or their representative(s) are required. Submit multiple |  |  |  |
| 2 ·Total of 1/5                         | forms are submitted.   |  |  |  |  |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of fine you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

| Please type a plus sign (+) inside this box | + |
|---|---|
|---|---|

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

|                        | ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` |
|------------------------|---------------------------------------|
| Application Number     | ·                                     |
| Filing Date            | January 30, 2004                      |
| First Named Inventor   | SHARMA, Shubh D.                      |
| Title                  | Knockout Identification of Target-    |
| Group Art Unit         | Specific Sites in Peptides            |
| Examiner Name          |                                       |
| Attorney Docket Number | 70025-US04-129                        |

| I hereby   | appoint:                                 |  |  |  |  |
|--|--|--|--|--|--|
| ✓ Pra OR   |  | Customer Number 05179  | Place Customer Number Bar Code Label here              |  |  |
|  |  | Name   | Registration Number                                    |  |  |
|  |  | (refine  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| as my/our<br>business i  | attorney(s) or<br>n the United S         | r agent(s) to prosecute the application i<br>States Patent and Trademark Office co | dentified above, and to transact all nected therewith. |  |  |
|  |  | espondence address for the above-ider  |  |  |  |
|  |  | ned Customer Number.   |  |  |  |
| OR   |  |  | Place Customer Number Bar Code                         |  |  |
| Pract  | itioners at Cu                           | stomer Number  | Label here   |  |  |
| OR   |  | · · · · · · · · · · · · · · · · · · ·  |  |  |  |
| Firm of Individ  | or<br>Iual Name                          | Stephen A. Slusher   |  |  |  |
| Address  |  | PEACOCK, MYERS & ADAMS, P.C.   |  |  |  |
| Address  |  | P.O. Box 26927   |  |  |  |
| City   |  | Albuquerque  | State New Mexico   Zip   87125-6927                    |  |  |
| Country  |  | USA  |  |  |  |
| Telephone  |  | (505) 998-1500   | Fax (505) 243-2542                                     |  |  |
| Lam the:   |  |  |  |  |  |
| <b>₽</b> Ar  | plicant/Invent                           | or.  |  |  |  |
|  |  |  |  |  |  |
| As St  | ssignee of rec<br>atement unde           | ord of the entire interest. See 37 CFR 3<br>or 37 CFR 3.73(b) is enclosed. (Form P | 771.<br>TOISBI96).                                     |  |  |
|  |  | SIGNATURE of Applicant or Assig  |  |  |  |
| Name   | Yi-(                                     | Qun Shi  |  |  |  |
|  |  | 11/1/20  |  |  |  |
|  | Signature / / / h 2 2004                 |  |  |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple |  |  |  |  |  |
| torms if more th   | ies of all the live<br>ian one signature | e is required, see below*.   |  |  |  |
|  |  | orms are submitted.  |  |  |  |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

| Please type a plus sign (+) inside this box |  | + |  |
|---|--|---|--|
|---|--|---|--|

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

| Application Number     |                                    |
|------------------------|------------------------------------|
| Filing Date            | January 30, 2004                   |
| First Named Inventor   | SHARMA, Shubh D.                   |
| Title                  | Knockout Identification of Target- |
| Group Art Unit         | Specific Sites in Peptides         |
| Examiner Name          |                                    |
| Attorney Docket Number | 70025-US04-129                     |

| I hereby appoint:  |   | Plana Curtamas   |  |  |  |
|--|---|--|--|--|--|
| Practitioners at   | Customer Number ()5179                      | Place Customer Number Bar Code                         |  |  |  |
| OR .   |   | Label here   |  |  |  |
| Practitioner(s)  | named below:                                |  |  |  |  |
|  | Name  | Registration Number                                    |  |  |  |
| · · · · · · · · · · · · · · · · · · ·  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
| as my/our attorney(s) business in the United   | or agent(s) to prosecute the application in | dentified above, and to transact all nected therewith. |  |  |  |
|  | rrespondence address for the above-iden     |  |  |  |  |
|  | oned Customer Number.                       |  |  |  |  |
| OR   |   | Place Customer   |  |  |  |
| Practitioners at C   | ustomer Number                              | Number Bar Code Label here                             |  |  |  |
| OR   |   |  |  |  |  |
| Firm or Individual Name  | Stephen A. Slusher                          |  |  |  |  |
| Address  | PEACOCK, MYERS & ADAMS, P.C.                |  |  |  |  |
| Address  | P.O. Box 26927                              |  |  |  |  |
| City   | Albuquerque                                 | State New Mexico Zip 87125-6927                        |  |  |  |
| Country  | USA   |  |  |  |  |
| Telephone  | (505) 998-1500                              | Fax (505) 243-2542                                     |  |  |  |
| I am the:  |   |  |  |  |  |
| Applicant/Inve   | ntor.                                       |  |  |  |  |
| ☐ Assignee of re   | ecord of the entire interest. See 37 CFR 3  | .71.   |  |  |  |
| Statement und  | der 37 CFR 3.73(b) is enclosed. (Form P     | TO/SB/96).   |  |  |  |
|  | SIGNATURE of Applicant or Assign            | nee of Record  |  |  |  |
| Name Ma  | Margarita Bastos                            |  |  |  |  |
|  | eneral. Due too                             |  |  |  |  |
| Date 16m 23, 2004  |   |  |  |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple |   |  |  |  |  |
| forms if more than one signatu   | re is required, see below*.                 |  |  |  |  |
| ☑ Total of 3/5   | forms are submitted.                        |  |  |  |  |

Burden Hour Statement. This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

| Please N | voe a  | a plus  | sign | (+) | inside this box |   | + |  |
|----------|--------|---------|------|-----|-----------------|---|---|--|
| 100,000  | ,,,,,, | a p.u.s | J. 3 | ١.  |                 | - |   |  |

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

| Application Number     |                                    |
|------------------------|------------------------------------|
| Filing Date            | January 30, 2004                   |
| First Named Inventor   | SHARMA, Shubh D.                   |
| Title                  | Knockout Identification of Target- |
| Group Art Unit         | Specific Sites in Peptides         |
| Examiner Name          |                                    |
| Attorney Docket Number | 70025-US04-129                     |

| I hereby appoint:  |  |                                 |  |  |  |  |
|--|--|---------------------------------|--|--|--|--|
| Practitioners at 0   | Customer Number 05179  | Place Customer Number Bar Code  |  |  |  |  |
| OR Label here  |  |                                 |  |  |  |  |
| Practitioner(s) named below:   |  |                                 |  |  |  |  |
|  | Name   | Registration Number             |  |  |  |  |
|  |  |                                 |  |  |  |  |
|  |  |                                 |  |  |  |  |
|  |  |                                 |  |  |  |  |
|  |  |                                 |  |  |  |  |
| as my/our attorney(s) o  | as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all |                                 |  |  |  |  |
|  | States Patent and Trademark Office co  |                                 |  |  |  |  |
| Part 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1   | espondence address for the above-ider  | ntified application to:         |  |  |  |  |
| ✓ The above-mention OR   | ned Customer Number.   | Place Customer                  |  |  |  |  |
| Practitioners at Cu  | stomer Number  | Number Bar Code                 |  |  |  |  |
| OR   | ·  | Label here                      |  |  |  |  |
| Firm or Individual Name  | Stephen A. Slusher   |                                 |  |  |  |  |
| Address PEACOCK, MYERS & ADAMS, P.C.   |  |                                 |  |  |  |  |
| Address  | P.O. Box 26927   |                                 |  |  |  |  |
| City   | Albuquerque  | State New Mexico Zip 87125-6927 |  |  |  |  |
| Country  | USA  |                                 |  |  |  |  |
| l'elephone   | (505) 998-1500   | Fax (505) 243-2542              |  |  |  |  |
| I am the:  |  | •                               |  |  |  |  |
| Applicant/Inventor.  |  |                                 |  |  |  |  |
| Assignee of record of the entire interest. See 37 CFR 3.71.  |  |                                 |  |  |  |  |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |  |                                 |  |  |  |  |
| SIGNATURE of Applicant or Assignee of Record   |  |                                 |  |  |  |  |
| Name Ramesh Rajpurohit   |  |                                 |  |  |  |  |
| Signature /: <   | 1  |                                 |  |  |  |  |
| Date Jane 29, 2004   |  |                                 |  |  |  |  |
| NOTE: Signatures of all the inventors of assignees of record of the entire interest or their representative(s) are required. Submit multiple |  |                                 |  |  |  |  |
| torms if more than one signature is required, see below*.  2 Total of 4/5 forms are submitted.   |  |                                 |  |  |  |  |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

| riease type a plus sign (+) inside this box | us sign (+) inside this box |
|---|-----------------------------|
|---|-----------------------------|

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0851-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

#### **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

| Application Number     |                                    |
|------------------------|------------------------------------|
| Filing Date            | January 30, 2004                   |
| First Named Inventor   | SHARMA, Shubh D.                   |
| Title                  | Knockout Identification of Target- |
| Group Art Unit         | Specific Sites in Peptides         |
| Examiner Name          |                                    |
| Attorney Docket Number | 70025-US04-129                     |

| I hereby appoint:   |   |   |  |  |  |  |
|---|---|---|--|--|--|--|
|   | Customer Number 0.5179  | Place Customer Number Bar Code Label here |  |  |  |  |
|   | Name  | Registration Number                       |  |  |  |  |
|   |   |   |  |  |  |  |
|   |   |   |  |  |  |  |
|   |   |   |  |  |  |  |
| L   |   |   |  |  |  |  |
| as my/our attorney(s) or<br>business in the United S  | as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. |   |  |  |  |  |
| Please change the corre   | espondence address for the above-ident  | tified application to:                    |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·   | ned Customer Number.  |   |  |  |  |  |
| OR  | ata-nas Numbas  | Place Customer Number Bar Code            |  |  |  |  |
| Practitioners at Cu.  OR  | stomer Number   | Label here                                |  |  |  |  |
| Firm or   | Stephen A. Slusher  |   |  |  |  |  |
| Individual Name   |   |   |  |  |  |  |
| Address   | PEACOCK, MYERS & ADAMS, P.C.  |   |  |  |  |  |
| Address   | P.O. Box 26927  | State New Mexico Zip 87125-6927           |  |  |  |  |
| City  | Albuquerque USA   | State   New Mexico   Zip   87125-6927     |  |  |  |  |
| Country Telephone   | <u> </u>  | Fax (505) 243-2542                        |  |  |  |  |
|   | 1,000,000   |   |  |  |  |  |
| l am the:   |   |   |  |  |  |  |
| Applicant/Inventor.   |   |   |  |  |  |  |
| Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |   |   |  |  |  |  |
| SIGNATURE of Applicant or Assignee of Record  |   |   |  |  |  |  |
| Hui-Zhi Cai   |   |   |  |  |  |  |
| Name  | 11. Ca  |   |  |  |  |  |
| Signature 112 20  |   |   |  |  |  |  |
| Date 1/7 4 , 2004   |   |   |  |  |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple torms it more than one signature is required, see below. |   |   |  |  |  |  |
| 2 Total of 5/5 torms are submitted.   |   |   |  |  |  |  |

Southern Hour Statement. This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. OD NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.